

## Gulf Coast Victim Disaster Response

The California State Board of Pharmacy wishes to learn about and collect stories of the significant contributions made to aid victims of the Gulf Coast hurricanes.

In the area below, please describe the activities you performed to aid those impacted by these disasters. Feel free to attach pages. Thank you for submitting this information but most importantly, thank you for your efforts to improve the health care of these individuals.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Where did you provide the services: \_\_\_\_\_

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Describe what you did: \_\_\_\_\_

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What did you learn from your experiences that you would like to share: \_\_\_\_\_

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Please submit this to: California State Board of Pharmacy, 1625 N. Market Blvd, Suite N219,  
Sacramento, CA 95834